

REPORT OF INVESTIGATING OFFICER

Approved For Release 2000/08/22 : CIA-RDP57-00384R001300030002-5

(Use additional sheets if necessary)

DEPARTMENT Services	BUREAU OR OFFICE Audit Group	DATE INVESTIGATION INITIATED 30 September 1949
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1. TYPE OF ACCIDENT

BRIEF DESCRIPTION

Government vehicle was proceeding around Memorial Circle for a right turn on to 23rd Street, when traffic stopped abruptly resulting in the Government vehicle striking the rear bumper of the private vehicle.

2. TIME AND PLACE

DATE 23 September 1949	LOCATION Memorial Circle and 23rd Street N. W.
TIME 5:15 p.m.	

3. PROPERTY AND PERSONNEL INVOLVED

A. GOVERNMENT PROPERTY OR PERSONNEL. IDENTIFY PROPERTY—MAKE, TYPE, U. S. NUMBER. PERSONNEL—NAME, GRADE, SERIAL NUMBER, ORGANIZATIONAL UNIT TO WHICH ASSIGNED. IF MOTOR VEHICLE OR OTHER EQUIPMENT INVOLVED, NAME OF OPERATOR.

1949 Ford Bus, U. S. Tag No. 3307, operated by [REDACTED] Chauffer, Transportation Division, Services Office.

25X1A

B. PRIVATE PROPERTY OR PERSONS. IDENTIFY PROPERTY—MAKE, TYPE, MODEL. PERSONS—NAMES, ADDRESSES, AND RELATION TO INCIDENT, e. g., OWNER, DRIVER, PASSENGER, BAILEE, TENANT, LESSEE, LICENSEE, TRESPASSER.

1947 Chevrolet, Va. Tag No. 156-776, owned by H. A. Brentlinger, 6229- 23rd Street, North Arlington, Virginia, and operated by J. W. Brentlinger, same address as owner.

4. SCOPE OF EMPLOYMENT

WAS GOVERNMENT PERSONNEL ACTING WITHIN SCOPE OF EMPLOYMENT? YES OR NO (State basis for answer).

Yes, shuttle run; i. e. pick-up personnel at Yards & Docks at 5:00 p.m. and proceeds to 23rd and E Street, N. W.

5. DAMAGE TO PROPERTY

(Give nature and extent of damage and estimated cost of repairs or loss)

A. GOVERNMENT PROPERTY

Negligible, repairs made by Government garage.

B. PRIVATE PROPERTY

Smashed gravel deflector and rear bumper bar. Cost of Repairs \$19.90

6. PERSONS INJURED OR KILLED

(State names, addresses, extent of injuries, medical aid rendered and by whom)

A. GOVERNMENT PERSONNEL (whether on duty or off duty).
25X1A **0 D [REDACTED] Ext. 225 - Contusion left arm, shaken up. Examined by CIA Medical Services**
f u [REDACTED]
f t [REDACTED] Ext. 517 - Chest X-Rayed by CIA Medical Services - Negative
25X1A **y [REDACTED] Ext. 2204 - Contusion on arms, legs, and hip, Examined by CIA Medical Services**

B. PRIVATE PERSONS

None

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NAMES

ADDRESSES

25X1A

CIA Employee - Ext. 2126

CIA Employee - Ext 2204

8. POLICE INVESTIGATION

SHOW ARRESTS, AND ATTACH COPY OF POLICE REPORT, IF ANY, AND RESULTS OF ANY TRIALS BY CIVIL OR MILITARY COURTS

See Exhibit E.

9. ADDITIONAL FACTS

A. GIVE, IN NARRATIVE FORM, FULL DETAILS NOT OTHERWISE COVERED HEREIN: (In traffic cases give special attention to direction of travel, speed, obstructions to view, width of road, skidmarks, traffic signs and signals, traffic and weather conditions, illustrating relevant facts by sketches.)

Telephone conversation with the private driver 29 September 1949 disclosed that the private vehicle had been repaired, therefore, it was impossible to obtain three estimates of repairs.

B. THE FOLLOWING INACCURACIES IN PREVIOUS REPORTS HAVE BEEN ESTABLISHED AS A RESULT OF THIS INVESTIGATION:

None

10. EXHIBITS

LIST AND ATTACH EXHIBITS, SUCH AS: OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT; SUPERVISOR'S REPORT OF ACCIDENT; DIAGRAMS; PHOTOGRAPHS; EXTRACTS OF EXISTING TRAFFIC REGULATIONS, LOCAL ORDINANCES, OR STATE LAWS VIOLATED; STATEMENTS OF PERSONS INJURED OR DAMAGED AND WITNESSES; COPY OF THE SAFETY ENGINEER'S REPORT; POLICE REPORT; AND ANY OTHER RELATED DATA.

- A. Investigator's Diagram
- B. Government Driver's Report
- C. Witnesses Statement
- D. Witnesses Statement
- E. Police Report

- F. Private Driver's Claim
- G. Medical Services Report of Injuries
- H.
- I.
- J.

11. ACTION RECOMMENDED

It is recommended that the private driver, H. A. Brentlinger, be awarded the sum of \$19.90 for the cost of repairs to the private vehicle.

12. DATE OF REPORT

3 October 1949

13.

14. TITLE OF INVESTIGATING OFFICER

Auditor, Audit Group, Services

15. COMMENTS ON ACTION RECOMMENDED

Recommendation is based on the following:

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- a. The Government driver failed to exercise due care.
- b. Striking a vehicle in the rear raises the presumption of fault of the striking vehicle.

Statement of [REDACTED]
I was driving a Government owned BUS 1949, Friday 23 SEPT. 1949
About 5.15 PM traveling west on Memorial just before making a
right turn into 23rd Street N.W. As I was about to make the
turn a
1937 Chevrolet driven by Brent Linger came to a sudden stop causing
me to hit his rear from my seat.

25X1A

Subscribed and sworn to (or affirmed)
before me at Wash. D.C.
this 7 day of Oct, 1949

Catherine M. Van Gombos
Notary Public
Commission expires 28 Feb 1951

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WITNESSES	
<p>6. NAME</p> <p>PHONE NO. 2125</p> <p>ADDRESS</p> <p>CIA EMPLOYEE</p> <p>In Box 1305</p>	<p>7. NAME</p> <p>PHONE NO. 2204</p> <p>ADDRESS</p> <p>CIA EMPLOYEE</p> <p>In Box 1305</p>
<p>7. KILLED OR INJURED</p> <p>ADDRESS</p> <p>CIA EMPLOYEE 25X1A</p> <p>CIA EMPLOYEE 25X1A</p>	
<p>8. PEDESTRIAN</p> <p>PEDESTRIAN WAS GOING <input type="checkbox"/> ON <input type="checkbox"/> ACROSS (Street, highway No., etc.) FROM (SW, cor., W. side, etc.) TO (NE, cor., W. side, etc.)</p> <p>PEDESTRIAN WAS (Check one)</p> <p><input type="checkbox"/> 1. CROSSING AT INTERSECTION WITH SIGNAL</p> <p><input type="checkbox"/> 2. SAME-AGAINST SIGNAL</p> <p><input type="checkbox"/> 3. SAME-NO SIGNAL</p> <p><input type="checkbox"/> 4. SAME-DIAGONALLY</p> <p><input type="checkbox"/> 5. CROSSING NOT AT INTERSECTION COMING FROM BEHIND PARKED CARS</p> <p><input type="checkbox"/> 6. SAME-NOT COMING FROM BEHIND PARKED CARS</p> <p><input type="checkbox"/> 7. COMING FROM BEHIND PARKED CARS TO ENTER VEHICLE</p> <p><input type="checkbox"/> 8. WAITING OR GETTING ON OR OFF AT STREET CAR SAFETY ZONE</p> <p><input type="checkbox"/> 9. NOT AT SAFETY ZONE</p> <p><input type="checkbox"/> 10. GETTING ON OR OFF ANOTHER VEHICLE</p> <p><input type="checkbox"/> 11. PLAYING IN ROADWAY</p> <p><input type="checkbox"/> 12. WORKING IN ROADWAY</p> <p><input type="checkbox"/> 13. WALKING FROM ROADWAY WITH TRAFFIC</p> <p><input type="checkbox"/> 14. WALKING IN ROADWAY-AGAINST TRAFFIC</p> <p><input type="checkbox"/> 15. WALKING IN ROADWAY-SIDEWALKS AVAILABLE</p> <p><input type="checkbox"/> 16. WALKING IN ROADWAY-NO SIDEWALKS AVAILABLE</p> <p><input type="checkbox"/> 17. HITCHING ON VEHICLE</p> <p><input type="checkbox"/> 18. LYING IN ROADWAY</p> <p><input type="checkbox"/> 19. NOT IN ROADWAY (Explain)</p>	<p>9. DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES OR CARGO</p> <p>NAME OBJECTS, SHOW OWNERSHIP, STATE NATURE OF DAMAGE</p> <p><i>None</i></p>
<p>10. KIND OF LOCALITY (Check one)</p> <p><input type="checkbox"/> 1. MANUFACTURING AND INDUSTRIAL</p> <p><input type="checkbox"/> 2. SHOPPING AND BUSINESS</p> <p><input type="checkbox"/> 3. RESIDENTIAL</p> <p><input type="checkbox"/> 4. SCHOOL AND PLAYGROUND</p> <p><input type="checkbox"/> 5. OPEN COUNTRY</p> <p><input type="checkbox"/> 6. INDUSTRIAL PREMISES</p> <p><input type="checkbox"/> 7. HOME OR DOMESTIC PREMISES</p> <p><input type="checkbox"/> 8. OTHER (Specify)</p>	<p>11. LIGHT (Check one)</p> <p><input checked="" type="checkbox"/> 1. DAYLIGHT <input type="checkbox"/> 3. DAWN</p> <p><input type="checkbox"/> 2. DUSK</p> <p>DARKNESS WITH:</p> <p><input type="checkbox"/> 4. ARTIFICIAL LIGHT</p> <p><input type="checkbox"/> 5. NO ARTIFICIAL LIGHT</p>
<p>12. WEATHER (Check one)</p> <p><input checked="" type="checkbox"/> 1. CLEAR <input type="checkbox"/> 4. FOG</p> <p><input type="checkbox"/> 2. RAINING <input type="checkbox"/> 5. OTHER (Specify)</p> <p><input type="checkbox"/> 3. SNOWING</p>	

CONDITION OF DRIVER AND PEDESTRIAN		CONDITION OF VEHICLE	
<p>13. Check for each person</p> <p>FED 1. HAD NOT BEEN DRINKING</p> <p>FED 2. HAD BEEN DRINKING, IF SO:</p> <p>FED 3. ABILITY IMPAIRED</p> <p>FED 4. ABILITY NOT IMPAIRED</p> <p>FED 5. NOT KNOWN WHETHER IMPAIRED</p> <p>FED 6. PHYSICAL DEFECT</p> <p>FED 7. OTHER HANDICAPS CARRYING BUNDLES, BAGGAGE, ETC.</p> <p>FED 8. SEEMINGLY FATIGUED, ETC.</p> <p>FED 9. APPARENTLY ASLEEP</p> <p>FED 10. APPARENTLY NORMAL</p>	<p>14. Check one or more for each vehicle</p> <p>FED 1. DEFECTIVE BRAKES</p> <p>FED 2. ONE HEADLIGHT OUT</p> <p>FED 3. BOTH HEADLIGHTS OUT</p> <p>FED 4. TAILLIGHT OUT OR OBSCURED</p> <p>FED 5. DIM. COWL, OR FENDER LIGHTS ONLY</p> <p>FED 6. SIGNAL LIGHTS DEFECTIVE</p> <p>FED 7. OTHER LIGHTS OR REFLECTORS DEFECTIVE</p> <p>FED 8. TIRE BLEW OUT</p> <p>FED 9. DEFECTIVE STEERING MECHANISM</p> <p>FED 10. NO APPARENT DEFECTS</p> <p>FED 11. OTHER DEFECTS (Specify)</p>		
<p>15. VISION OBSCURED BY</p> <p>Check where applicable</p> <p>FED 1. RAIN, SNOW, ETC., ON WINDSHIELD</p> <p>FED 2. CRACKED WINDSHIELD</p> <p>FED 3. DIRTY WINDSHIELD, WINDOWS</p> <p>FED 4. WINDSHIELD W/IN DOORS NOT GLASS</p> <p>FED 5. TREES, CROPS, ETC.</p> <p>FED 6. BUILDING</p> <p>FED 7. EMBANKMENT</p> <p>FED 8. SIGNBOARDS</p> <p>FED 9. PARKED VEHICLE</p> <p>FED 10. MOVING VEHICLE</p> <p>FED 11. OTHER (Specify)</p>	<p>16. ROAD CHARACTER</p> <p>Check one in each section</p> <p>FED 1. STRAIGHT</p> <p>FED 2. SHARP CURVE OR TURN</p> <p>FED 3. OTHER CURVES</p> <p>FED 4. LEVEL</p> <p>FED 5. UP HILL</p> <p>FED 6. HILL CREST</p> <p>FED 7. DOWN HILL</p>		
<p>18. ROAD CONDITION</p> <p>Check one</p> <p>FED 1. DRY</p> <p>FED 2. WET</p> <p>FED 3. MUDDY</p> <p>FED 4. SNOWY</p> <p>FED 5. Icy</p> <p>WAS ROAD UNDER CONSTRUCTION OR REPAIR?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Check one or more</p> <p>FED 6. LOOSE MATERIAL ON SURFACE</p> <p>FED 7. HOLES, DEEP RUTS</p> <p>FED 8. DEFECTIVE SHOULDERS</p> <p>FED 9. NO DEFECTS</p> <p>FED 10. OTHER DEFECTS (Specify)</p>	<p>19. TRAFFIC CONTROL</p> <p>Check one or more</p> <p>FED 1. R. R. CROSSING GATES</p> <p>FED 2. R. R. AUTOMATIC SIGNAL</p> <p>FED 3. OFFICER OR WATCHMAN</p> <p>FED 4. STOP AND GO LIGHT</p> <p>FED 5. STOP SIGN</p> <p>FED 6. WARNING SIGN OR SIGNAL</p> <p>FED 7. FLAGS OR FLARES</p> <p>FED 8. NO CONTROL PRESENT</p>		
<p>20. DRIVER'S ACTIONS</p> <p>Check one for each driver</p> <p>FED 1. MAKING RIGHT TURN</p> <p>FED 2. MAKING LEFT TURN</p> <p>FED 3. MAKING U TURN</p> <p>FED 4. GOING STRAIGHT AHEAD</p> <p>FED 5. SLOWING DOWN, STOPPING</p> <p>FED 6. OVERTAKING, PASSING</p> <p>FED 7. PASSING ON PARKING SPACE</p> <p>FED 8. BACKWARD FROM PARKING SPACE</p> <p>FED 9. OTHER BACKING</p> <p>FED 10. STOPPED IN TRAFFIC LANE</p> <p>FED 11. OTHER (Specify)</p> <p>Check if applicable:</p> <p>FED 12. SKIDDING</p> <p>FED 13. AVOIDING VEHICLE, OBJECT, OR PEDESTRIAN</p> <p>FED 14. EMERGING FROM ALLEY OR DRIVEWAY</p> <p>FED 15. DISABLED VEHICLE, PARKED</p> <p>FED 16. GAVE WARNING (Horn, Signal, Indicator)</p>	<p>21. VIOLATIONS</p> <p>Check one or more</p> <p>FED 1. EXCEEDING LAWFUL SPEED</p> <p>FED 2. DID NOT HAVE RIGHT-OF-WAY</p> <p>FED 3. ON WRONG SIDE OF ROAD</p> <p>FED 4. DROVE THROUGH SAFETY ZONE</p> <p>FED 5. PASSING STANDING STREETCAR</p> <p>FED 6. PASSING ON HILL</p> <p>FED 7. PASSING ON CURVE</p> <p>FED 8. CUTTING IN</p> <p>FED 9. FOLLOWING TOO CLOSELY</p> <p>FED 10. FAILURE TO SIGNAL OR IMPROPER SIGNAL</p> <p>FED 11. WIDE RIGHT TURN</p> <p>FED 12. CUT CORNER ON LEFT TURN</p> <p>FED 13. TURN FROM WRONG LANE</p> <p>FED 14. DISREGARDED STOP SIGN</p> <p>FED 15. DISREGARDED WARNING SIGN OR SIGNAL</p> <p>FED 16. DISREGARDED STOP AND GO LIGHT</p> <p>FED 17. DISREGARDED OFFICER</p> <p>FED 18. IMPROPER STARTING POSITION</p> <p>FED 19. IMPROPER PARKING</p> <p>FED 20. NO IMPROPER DRIVING INDICATED</p> <p>FED 21. OTHER IMPROPER ACTION (Specify)</p>		
<p>22. ROAD WIDTHS AND LANES</p> <p>WIDTH OF ROAD OR PAVEMENT</p> <p>NUMBER OF LANES</p> <p>WERE LANES MARKED?</p> <p>WERE LANES SEPARATED?</p> <p>BY WHAT?</p>	<p>23. POLICE ACTION, IF ANY</p> <p>CHARGE</p> <p>NAME OF PERSON CHARGED</p> <p>NAME, BADGE NUMBER, DEPT. OF POLICE OFFICER</p>		

24. INDICATE ON THIS DIAGRAM HOW AND WHERE THE ACCIDENT HAPPENED.

Use one of these outlines to sketch the scene of the accident, writing in street or highway names or numbers.

1. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW

2. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT

3. SHOW PEDESTRIAN BY:

4. SHOW RAILROAD BY:

5. SHOW DISTANCE AND DIRECTION TO LANDMARKS, IDENTIFY LANDMARKS BY NAME OR NUMBER.

6. INDICATE NORTH IN THE CIRCLE AS ①

25. POINT OF IMPACT

CHECK ONE FOR EACH VEHICLE INVOLVED

FED	1. FRONT	FED	5. LEFT REAR
2. RIGHT FRONT	3. LEFT FRONT	6. REAR	7. RIGHT SIDE
4. RIGHT REAR	8. LEFT SIDE		

26. DESCRIBE WHAT HAPPENED

REFER TO VEHICLES BY "FED" AND "2"

A chev. traveling in front of me came to a sudden stop causing me to hit his rear bumper.

25X1A

STATEMENT OF REVIEWING OFFICIAL

NAME: Chauffeur DATE: 28 Sept 49

WAS THE DRIVER ACTING WITHIN THE SCOPE OF HIS EMPLOYMENT? YES ☐ NO ☐

WHAT CAUSED THE ACCIDENT?

HOW COULD IT HAVE BEEN PREVENTED?

WHAT ACTION HAS BEEN TAKEN?

SIGNATURE OF REVIEWING OFFICIAL: _____ TITLE (Civilian or military): _____ DATE: _____

USE THIS SPACE TO SHOW CONSEQUENCES OF ACCIDENT AFFECTING AGENCY PERSONNEL REPORTED IN SECTION 7.

A. ☐ MILITARY PERSONNEL ☐ CIVILIAN PERSONNEL

PROBABLE DISABILITY: _____ NATURE OF INJURY AND PART OF BODY: _____

DATE STOPPED WORK: _____ DATE RESUMED WORK: _____

B. ☐ MILITARY PERSONNEL ☐ CIVILIAN PERSONNEL

PROBABLE DISABILITY: _____ NATURE OF INJURY AND PART OF BODY: _____

DATE STOPPED WORK: _____ DATE RESUMED WORK: _____

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STANDARD FORM 91

Approved For Release 2000/08/22 : CIA-RDP57-00384R001500030002-5

MOTOR VEHICLE ACCIDENT

1. 2430 EST N.W.

2. GENERAL LOCATION, DATE, DAY AND HOUR OF ACCIDENT

IF ACCIDENT IN CITY, GIVE CITY OR TOWN AND STATE; IF OUTSIDE CITY LIMITS, INDICATE MILEAGE OR DISTANCE TO NEAREST CITY OR TOWN

Washington D.C. (City or town) (County and State)

DATE: 9/22/49 DAY OF WEEK: Friday HOUR: 5:15 PM

3. EXACT LOCATION OF ACCIDENT

ACCIDENT OCCURRED ON Memorial Circle & 23rd St. N.W.

NOTE: CHECK AND COMPLETE ONE. Name (or otherwise identify) nearest intersecting street, house number, power or telephone pole (give number), highway curve, bridge, railroad crossing, filling station, alley, driveway, culvert, guardrail, milepost, underpass, or other identifying landmark. Show exact distance.

☐ AT INTERSECTION WITH _____ (Street or alley)

☐ NOT AT INTERSECTION _____ (Distance) _____ (Direction) of _____

AND _____ (Distance) _____ (Direction) of _____

4. FEDERAL VEHICLE (Fed.) (Includes Privately Owned Federally Operated)

YEAR: <u>1949</u>	MAKE: <u>Ford</u>	BODY TYPE: <u>Bus</u>
REGISTRATION NO.: <u>3307</u>	KIND OF CARGO: _____	NUMBER OF PASSENGERS: <u>13</u>
WAS CARGO DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>		WAS CARGO DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>

PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE: Front Bumper

5. OTHER VEHICLE (2)

YEAR: <u>1937</u>	MAKE: <u>Chrysler</u>	BODY TYPE: _____
REGISTRATION NO.: <u>1-15678</u>	KIND OF CARGO: _____	NUMBER OF PASSENGERS: <u>1</u>
WAS CARGO DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>		WAS CARGO DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>

PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE: Rear Bumper & Gravel deflector

GOING (Direction): North ON (Street or highway): Memorial Circle

DISTANCE DANGER NOTICED (ft): 10 ESTIMATED SPEED WHEN NOTICED (m.p.h.): 10 ESTIMATED SPEED AT IMPACT (m.p.h.): 10

LAWFUL SPEED (m.p.h.): _____ DISTANCE TRAVELED AFTER IMPACT (ft): _____

MAXIMUM SAFE SPEED (m.p.h.): _____ OPERATOR'S PERMIT: ☒ FEDERAL ☒ STATE

TYPE OF PERMIT: ☐ CHAUFFEUR ☐ TRUCK DRIVER ☒ OPERATOR

LIMITATION OF PERMIT: 7-7-51

DRIVER'S NAME: H.A. Brewster ADDRESS: 1464 Belmont St. N.W.

NUMBER OF HOURS ON DUTY PRECEDING ACCIDENT: 8 YEARS DRIVING EXPERIENCE: 10 EXPERIENCE THIS TYPE VEHICLE: _____

GOING (Direction): West ON (Street or highway): Memorial Circle

DISTANCE DANGER NOTICED (ft): _____ ESTIMATED SPEED WHEN NOTICED (m.p.h.): _____ ESTIMATED SPEED AT IMPACT (m.p.h.): _____

LAWFUL SPEED (m.p.h.): _____ DISTANCE TRAVELED AFTER IMPACT (ft): _____

MAXIMUM SAFE SPEED (m.p.h.): _____ OPERATOR'S PERMIT: Na-1750044

TYPE OF PERMIT: ☐ CHAUFFEUR ☐ TRUCK DRIVER ☒ OPERATOR

LIMITATION OF PERMIT: _____

DRIVER'S NAME: H.A. Brewster ADDRESS: 227-23rd St. N.W.

NAME AND ADDRESS OF OWNER (Include phone number): Belmont, Va.